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Navy & Marine Corps Medical News

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This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is encouraged.

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Contents for this week's MEDNEWS:

Headline: Anthrax inoculation program on schedule

Headline: Blood donor program aids victims of embassy bombings

Headline: Navy Medicine readiness top priority with BUMED

Headline: USS Essex medical team saves shipmate

Headline: Dedicated training helps Sailor swim English Channel

Headline: TRICARE question and answer

Headline: Healthwatch: Programs designed to keep families strong

-USN-

Headline: Anthrax inoculation program on schedule

From Bureau of Medicine and Surgery

WASHINGTON--The Department of Defense Total Force Anthrax Vaccine Immunization Program is now in its first phase, with inoculations being given to personnel deploying to Southwest Asia and Korea. It is the next step of the comprehensive Force Health Protection Plan mandated by President Clinton in May.

Eventually all 2.4 million military service members in the active and Reserve components will receive the Food and Drug Administration-licensed anthrax vaccine. The phased vaccination program will take six to seven years to complete. The Secretary of Defense, William S. Cohen and Gen. Henry H. Shelton, chairman of the Joint Chiefs of Staff were among the first to receive the series of inoculations. Both of them have taken four of the six shots required.

As shots in the series are given, protection levels increase. All six shots are required for full protection, as determined by the FDA.

For more information about the anthrax inoculation program, see the DOD web site at [http://www.defenselink.mil/other\\_info/protection.html](http://www.defenselink.mil/other_info/protection.html) or visit the Navy Environmental and Health Command site at <http://www-nehc.med.navy.mil>

The following information about anthrax is located on the Defenselink web page:

WHAT IS THE THREAT?

Biological weapons are maintained by several countries

around the world. Use of these weapons could cause widespread illness among unprotected military forces. Anthrax is the biological weapon most likely to be encountered because it is:

- Highly lethal
- Easy to produce in large quantities
- Relatively easy to develop as a weapon
- Easily spread in the air over a large area
- Easily stored and dangerous for a long time

#### WHAT IS ANTHRAX?

Anthrax is a disease normally associated with plant-eating animals (sheep, goats, cattle, and to a lesser degree swine). It is caused by the bacteria *Bacillus anthracis*. Anthrax has been recognized as an illness for centuries. Once common where livestock were raised, it is now controlled through animal vaccination programs. Anthrax still occurs in countries where animals are not vaccinated, mainly in Africa and Asia. It does occur infrequently in many countries, including the United States.

Human infection with anthrax usually results from direct contact with infected animals, or animal products such as wool, meat or hides. However, when anthrax is used as a biological weapon, people become infected by breathing anthrax spores that are released into the air. Inhalation anthrax is the disease that results from breathing anthrax spores.

Symptoms of inhalation anthrax can begin as early as 24 hours after breathing the spores. Initial symptoms include fever, cough, and weakness and usually progress to breathing problems, shock, and death.

#### WHY VACCINATE?

Vaccines prevent illness by stimulating the body's natural disease-fighting abilities. They are among the most powerful tools developed by modern medicine for keeping people healthy. Vaccines are routinely used in the United States to protect against diseases such as mumps, measles, whooping cough, and polio. As part of force protection, military personnel are given additional vaccines to protect against naturally occurring diseases encountered when deploying overseas, such as typhoid, hepatitis, and yellow fever. Vaccines also help protect against biological weapons.

A safe and effective licensed vaccine against anthrax is available. The Department of Defense has established a vaccination program to protect military personnel against anthrax.

#### WHAT IS THE ANTHRAX VACCINE?

The anthrax vaccine is a formalin-inactivated vaccine used to protect people against anthrax. This vaccine contains no living organisms. The anthrax vaccine is not new. Human anthrax vaccines were developed in England and the United States in the 1950s and early 1960s. The vaccine that you will receive was licensed by the FDA in 1970. This

vaccine has been safely and routinely administered in the United States to veterinarians, laboratory workers, and livestock handlers.

#### FACTS ABOUT THE ANTHRAX VACCINE

- Vaccination is a critical part of protection against infection
- Licensed by the FDA since 1970
- Manufactured in the United States
- Safely used for more than 25 years
- As with other vaccinations, pain may occur at the site of injection
- Temporary side effects (sore arm, redness, and slight swelling) may occur
- No known long term side effects
- Six shots are required over 18 months, followed by an annual booster

#### WHAT EVERY SERVICE MEMBER SHOULD KNOW ABOUT ANTHRAX

- Anthrax is a biological weapon.
- Anthrax is highly lethal.
- Vaccination against anthrax is critical for your protection.
- This is a mandatory vaccination program to preserve the fighting force.

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Headline: Blood donor program aids victims of embassy bombings

By CDR Jerry Holmberg, MSC, Bureau of Medicine and Surgery

WASHINGTON--Sailors and Department of the Navy civilians may have helped save the lives of those injured in the terrorist bombings of American embassies in Tanzania and Kenya, when Navy blood bank donor contributions were forwarded to the African countries through the Armed Forces Blood Donor Program. Two hundred sixty three people, including 12 Americans were killed in the explosions and more than 4,000 people were injured.

After the explosions, calls went out for blood donations. The Armed Services Blood Program requested that Navy blood banks assist with supplying the critically needed blood. Within hours Naval hospitals in Europe sent all available blood to the Landstuhl, Germany Regional Medical Center for a combined shipment to Africa. At the same time, blood was also requested from the Armed Services Whole Blood Processing Laboratory at McGuire Air Force Base, N.J.

Through the hours after the bombings, the number of wounded needing blood increased. As Africans of both nations responded to calls from their leadership to provide blood donations, the Navy blood donor centers within the continental United States also responded with more than 200 units.

But even with the response of Kenyans, Tanzanians and Americans, there was still not enough blood. State

Department employees, desiring to not only help their colleagues and friends, but to also help care for African citizens wounded by the explosions, requested that DoD conduct a blood drive. In response, a joint team of National Naval Medical Center and Walter Reed Army Medical Center personnel did just that and produced more than 120 units of blood.

Captain Bruce D. Rutherford, MSC, director of the Armed Services Blood Program, said, "Once again the Department of Defense's Armed Services Blood Program proved its ability to respond. One of our nation's most valuable assets, the Armed Services Blood Program's Blood Distribution System, continues to make a difference in how our nation responds to providing medical support to our citizens as well as the citizens of the world."

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Headline: Navy Medicine readiness top priority with BUMED  
By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON--The Bureau of Medicine and Surgery is dedicated to ensuring Navy Medicine is ready to meet its primary mission of supporting Navy and Marine Corps operations. To ensure that all readiness issues are addressed, BUMED convened the Readiness Reengineering Oversight Council. It is led by the Deputy Surgeon General and includes several Assistant Chiefs of Medicine at BUMED, as well as representation from CNO's staff, the Fleet, and Marine Corps medicine.

The Council provides oversight for subcommittees addressing the particulars of Navy Medicine readiness. The Readiness Reengineering Task Force, the Naval Health Services Doctrine Working Group and the Deployable Medical Platforms Advisory Council provide expertise and direction for a range of Navy Medicine readiness concerns: budget, education and training, staffing levels of medical treatment facilities, fleet hospitals, hospital ships, casualty receiving and processing and medical logistics, among other issues.

The Navy and Marine Corps leaders, their troops and families will enjoy the end result of the Council's and its committees' actions. When a mission is planned and a medical component is needed, Navy Medicine will be "on deck" and ready. When Sailors and Marines are injured or arrive at sick call, their medical team is ready.

Navy Medicine is also responsive to all the active duty families, retirees and their families and to all entrusted to Navy Medical care. Within the guidelines of today's managed health care programs, Navy medical centers, hospitals, clinics and ambulatory centers are ready to provide state of the art care.

RADM Todd Fisher, deputy surgeon general and chairperson of the Readiness Reengineering Oversight Council, described Navy Medicine's dedication to readiness when he said that we will "make readiness 'job one' at every level of Navy

Medicine."

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Headline: USS Essex medical team saves shipmate  
By JOC(SW) Tom Updike, USS Essex (LHD 2)

SAN DIEGO--What began as a normal cruise for USS Essex (LHD 2) became an opportunity to save a shipmate's life during a recent deployment.

The Essex was at sea and on its way to the Indian Ocean when the medical emergency occurred. A Sailor was found face down in his bed and unresponsive to a fellow shipmate trying to wake him. The Essex primary Emergency Response Team (ERT) arrived in the berthing area and rapidly assessed and treated the patient.

Hospitalman Wilson Pyle of Brentwood, Tenn., one of the first ERT members on scene, said the Sailor was not breathing and had a fibrillating heart.

"He was in a seizure in his rack, so we had to get him out and moved into an open area to work on him, " said Pyle.

The highly trained ERT crew immediately began life-saving actions.

"We had to get the heart contracting and stop the seizure so he could breath," said Lt. Beth Phillips, of Opelika, Ala. "When I defibrillated him, his heart started to beat normally and he started to breathe on his own."

Time was the key in this emergency. Hospital Corpsman First Class David Hernandez of San Antonio, Texas, established communications for the ERT. Essex uses hand radios to communicate with the ship's medical department. Hernandez passed requests to send crucial medicine to the berthing compartment.

"The radios saved four to five minutes for us to get medicine, and that made a huge difference," he said.

The patient was stabilized and brought to the Essex state of the art medical department, where he was treated until the ship arrived in Singapore.

"I think if [the patient] had been left alone and his shipmate hadn't notified us, he probably would have died," said Phillips.

A lot of credit has to go the medical department and the ERT. These highly skilled professionals proved that training and quick action can and will save lives.

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Headline: Dedicated training helps Sailor swim English Channel

By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON--Captain James Campbell, MSC, a microbiologist, joined a relatively small fraternity of swimmers August 16 when he braved the cold water, fatigue and ships to swim the English Channel. The former high school and college competitive swimmer completed the 21-mile swim in 17 hours and 41 minutes.

Campbell, who is the Navy program manager for

biotechnology and environment at the Naval Research Laboratory, Washington, D.C., spent the last two years accumulating about 3,000 miles swimming while preparing for the event. Each morning from 5 to 8 a.m., six days a week, he swam laps in the Naval Research Laboratory pool.

"I gradually started doing longer swims, about six or eight miles across the Potomac and Hudson River," said the 49-year old Honolulu, Hawaii, native. "It was small potatoes compared to the coming 'Mt Everest' of swimming."

Campbell arrived in England two weeks before his Channel departure date to acclimate himself to the cold water. He said that most people fail the swim challenge not because they are out of shape, but because they experience hypothermia. According to Campbell a swimmer can be in the water 12 to 20 hours, depending on how fast he or she swims, and during this lengthy exposure the cold will have an affect. The water was about 61 degrees Fahrenheit when Campbell made his swim.

The normally healthy-thinking and athletic Campbell made an abnormal decision about three months before the swim to ensure success in his Channel-crossing.

"I tacked on about 15 or 20 extra pounds of fat for insulation," he said.

"Channel swimming rules do not permit wearing a wet suit, and I would just be in 'speedos.' I became exhausted during the swim, but I did not get cold."

On the day of his swim, Campbell arrived in Dover, England, to begin the grueling effort to reach Cape Gris-Nez, France, the shortest distance to land across the Channel. A 4 a.m. effort to avoid the busiest shipping traffic was cancelled because of 18 to 20 knot winds and 7-foot seas. As he began his 6 a.m. odyssey he stepped into the chilly water's 3- to 5-foot seas.

"For the first four hours, I wasn't sure I was going to make it," Campbell said. "It was not really swimming, it was like surviving the big waves."

Continuing with dogged determination, Campbell plowed on through the water, taking infrequent interludes to suck down a high carbohydrate drink for energy. During these "feedings" he adhered to the rules by not touching the hand that was feeding him or holding onto the pace boat.

After about ten hours of being beat up by the Channel, Campbell said he "hit the wall" of exhaustion. That was when he had to get mentally tough.

"It was just not possible I was going to quit," he said.

At about 11:45 that night he arrived at the Cape. Even with his planning, the current had carried him another couple of miles past his projected exit point. With a new moon providing very little light, the Channel inflicted its last pain as Campbell cut his chest, legs and arms climbing over barnacle-incrusted rocks making his way to shore. As he stood bloodied and exhausted on French soil, Campbell managed a smile -- he was victorious over the Channel.

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Headline: TRICARE question and answer

Question: I am retired from the Navy and enrolled in TRICARE Prime. I work in one TRICARE region and my family lives in another. How do we handle enrollment fees?

Answer: Your family can now have a "split" enrollment in TRICARE Prime. A split enrollment means that you can have your family members enrolled in TRICARE Prime in different TRICARE regions. You only have to pay one enrollment fee for your entire family (active-duty families don't have to pay enrollment fees when they sign up for TRICARE Prime).

As of June 1, 1998, you can pay the enrollment fee to the contractor who operates the TRICARE program in one region where you have family members enrolled, and have the enrollment fee cover other family members who are enrolled in another region. Or, you can split the amount you pay between two different contractors who run different regions. For more information about how split enrollments in TRICARE Prime work, check with your region's nearest TRICARE service center, or call your regional TRICARE contractor.

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Headline: Healthwatch: Programs designed to keep families strong

By CDR Glenna Tinney, MSC, Bureau of Medicine and Surgery

WASHINGTON--Concern for the welfare of Navy families and the affects of family dysfunction on military performance prompted the establishment of the Navy's Family Advocacy Program in 1976. Today, the Family Advocacy Program is designed to address prevention, identification, reporting and intervention, among other services, for those experiencing child and spouse abuse, while it also balances the need to protect the rights of both victims and offenders.

The Navy's comprehensive response to family violence is designed to prevent or stop the violence and to minimize its impact on the family and the Navy. Family Advocacy Program cases are monitored to ensure victims of violence are safe and the offender is making progress in counseling. Case follow-up may take up to one year while resolving the conflict.

The Navy's Family Advocacy Program operates with the following assumptions:

- Spouse and child abuse has a negative effect upon military readiness, effectiveness and good order and discipline.

- Family violence is a leadership issue.

- Family violence occurs within all communities, including the Navy community.

- Family violence is disruptive and interferes with the work performance of the servicemember and thus with the

mission of the Navy.

- Family violence and neglect are incompatible with the high standards of professional and personal discipline required of Navy members.

- Most perpetrators of family violence are not deviant or incorrigible, and many may be rehabilitated.

- Rehabilitation of a valued servicemember is most effective for the Navy.

Family support programs, medical treatment facilities, and local commanders work cooperatively to provide Family Advocacy Program services. Families may obtain assistance with family problems, including family violence, by contacting a local Family Service Center or military hospital social work or mental health clinic on the nearest Navy installation.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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